

DOWNTOWN L.A. TWIN TOWERS JAIL

WED 4-15-15 Daily Breeze

Program for mentally ill inmates to be expanded

By Sarah Favot

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A pilot program to better address the needs of the mentally ill at Twin Towers Correctional Facility would be expanded to all 700 such inmates in county jails under Los Angeles County's proposed budget.

The county's 2015-16 budget proposal unveiled Monday includes \$99 million in additional funds for the Los Angeles County Sheriff's Department, which runs the jails. About \$45 million would be used to expand the pilot program, which encourages more interaction between mentally ill inmates and sheriff's staff.

"It's not about putting them in a cell," Custody Assistant Sheriff Terri McDonald said Tuesday during a tour of Twin Towers. "It's about engaging them in a constitutional way."

The remainder would go toward deputy training, inmate diversion programs and hiring an additional 250 deputies and other staff.

The budget was formally presented Tuesday to the Board of Supervisors and will undergo several hearings and deliberations until a final budget is adopted by the board before the start of the fiscal year on July 1.

The pilot program, called "high observation" housing, was the result of mandates

from the U.S. Department of Justice under a memorandum of understanding to address mental health needs and suicide prevention for inmates, lawsuits involving excessive use of force by sheriff's deputies and compliance with the Americans with Disabilities Act.

About 20 percent of the jail's population has a diagnosed mental illness, McDonald said.

Under the pilot program, which included about 100 inmates, one large outdoor recreational space was divided by fencing, creating individual spaces that allowed inmates more opportunities to get fresh air while also interacting with other inmates. On Tuesday afternoon about seven inmates were in the individual cages. One man was sitting on a bench holding a basketball, another was slowly walking around the space.

Inside the facility, a clinician met one-on-one with an inmate in a common area inside a cell pod, while several inmates sat nearby at metal tables, some reading magazines. A couple of men pounded on the table.

McDonald said the goal is to interact with mentally ill inmates rather than leaving them isolated in their cells, which may lead to suicide attempts.

"We don't want somebody in worse shape than

they were when they came in here because they've been isolated," McDonald said.

She said expanding the program requires additional deputies, clinicians, custody assistants, nurses and supervisors.

Under the new funding, all jail deputies and recruits coming out of the academy would receive 40 hours of training aimed at improving deputies' interactions with mentally ill inmates.

Beyond conducting security checks every 15 minutes on inmates in their cells, more staff is needed to bring the inmates out of their cells, to provide medication several times a day and to encourage inmates to attend court hearings so their cases move more quickly through the judicial system, McDonald said.

"It's about people helping people," she said.

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COUNTY WORKER COULD GET JOB BACK

San
4-12-15
LA Times
Children and Family
Services supervisor
had been fired after a
boy's beating death.

BY GARRETT THEROLF

A Department of Children and Family Services supervisor fired after the 2013 beating death of an 8-year-old Palmdale boy is close to getting his job back.

L.A. County's civil service commission issued a decision this month to reinstate Gregory Merritt, despite the determination by child welfare chief Philip Browning that he had "egregiously" missed multiple opportunities to save Gabriel Fernandez.

The boy's mother and her boyfriend are awaiting trial on charges of capital murder and a special circumstance of torture. They have pleaded not guilty.

The pair are accused of beating Gabriel to death after dousing him with pepper spray, forcing him to eat his own vomit and locking him in a cabinet with a sock stuffed in his mouth to muffle his screams, according to court records. Detectives who searched the family's apartment found a wooden club covered in Gabriel's blood.

In the months before the boy was killed, several agencies had investigated allegations of abuse without removing him from the home.

[See Reinstatement, B5]

Social worker poised to resume job

San
4-12-15
LA Times
[Reinstatement, from B1]
Shortly before his death, Merritt and social worker Patricia Clement decided to close Gabriel's case.

At the time, Clement had "skeleton" case notes for at least one visit, leading Browning to later testify that he questioned whether she actually had gone to the home. And other required visits had not been done at all, according to case records.

A key responsibility of supervising social workers is to review case notes.

According to a brief by Children and Family Services lawyers in support of Merritt's firing, he knew from her performance evaluation

that Clement sometimes did not complete her required visits and did not document them properly. By her own account, Clement had failed to interview Gabriel privately, as department guidelines call for.

She and Merritt also were aware that the boy had written a suicide note and had a BB gun pellet embedded in his chest. Yet he was not sent for medical treatment or mental health assessment, the lawyers said.

Browning fired Merritt, Clement and two other social workers over the case, Merritt appealed.

The five-member civil service panel — which is appointed by the county Board

of Supervisors — voted unanimously to reinstate him, imposing a 30-day suspension in lieu of termination.

Jeffrey E. Hauptman, the commission's hearing officer, wrote that "in the final analysis [Merritt] bears some culpability for lax supervision but not to the extent to justify his discharge after nearly 24 years of unblemished service."

Merritt's union representative had argued that his client was used as a scapegoat and had labored under difficult circumstances in the Palmdale office, where social workers carry some of the highest caseloads in the county.

Browning, who called Merritt's firing one of the easiest termination decisions he has made, told The Times that he was dismayed by the decision and would confer with county lawyers about another possible appeal to the commission or to the Los Angeles County Superior Court. If an appeal is not filed by April 27, Merritt's reinstatement will become final.

"I have to believe that there was not a complete understanding of the situation by the commission," Browning said.

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County was slow to cut ties to troubled agency

[Foster, from B1]

scrutiny for irregular spending over the years, runs two group homes in Compton and two in Riverside County. The organization cared for about 28 children requiring high-level care because of their special needs and received about \$2.5 million annually from the counties.

In 2011, the L.A. County auditor-controller identified \$182,000 alleged financial improprieties. The bulk of the allegedly misappropriated money was used to purchase personal property for the Kidogos in Riverside, Northern California and Oklahoma, according to the audit. The county initiated efforts to recover the money at that time.

As auditors continued their inquiry, they learned in 2012 that large quantities of employee time cards, financial records and board of directors meeting minutes had been taken to the city dump in violation of the agency's contract with the county. Little People's World said that the mistake was inadvertent and that auditors did not inform the Department of Children and Family Services, which oversaw the contract.

In May 2013, the auditor-controller handed the Los Angeles County D.A. a sec-

ond audit saying that not all the money reported in the 2011 audit had been repaid and that the Kidogos and their daughter had received "questionable" raises of up to 134%—more than making up for the amount that had been repaid. The auditor recommended that the DCFS consider ending its relationship with Little People's World.

As the financial problems surfaced, so did reports of abuse.

In 2011, state regulators reviewed surveillance video of Little People's World staffer Rashard McMorris dragging a 6-year-old across the floor and into another room. He was given a two-day suspension and training on how to respect foster youths' rights, according to county investigation reports.

Two years later, the records show, investigators from the California Department of Social Services reviewed another video of McMorris pushing an 11-year-old into a wall. The force of the child's head hitting the wall left a hole in the drywall, the records state. McMorris received training on emergency intervention techniques and was placed on conditional employment status under a plan approved by the state, accord-

ing to the county reports.

Neither incident was reported to law enforcement, a spokesman for the California Department of Social Services said.

In January 2014, a complaint to the county's child abuse hotline accused McMorris of punching a child in 2013. Social workers ruled the complaint unfounded, but McMorris was banned by the DCFS from further contact with Los Angeles County foster youths because of prior incidents. McMorris could not be reached for comment for this story.

Following the D.A.'s charges, DCFS Director Philip Browning removed all of the Los Angeles County children from Little People's World and canceled its contract with the county. He said he did not act sooner because he was unaware of the child abuse findings. Staff reports he received did not contain that information, he said.

Thirteen children from Riverside County remain in Little People's World homes. Jennie Pettit, assistant director of the Riverside County Department of Public Social Services, said social workers had stepped up their monitoring of the charity with weekly visits by so-

cial workers.

The agency also verified that the nonprofit had sufficient cash on hand to care for the children and received assurances that the Kidogos would no longer be involved.

"The children are safe, and their needs are being met," Pettit said.

Dove, one of the Kidogo's attorneys, said the embezzlement charges were at odds with years of communication his clients had with the DCFS.

He said Little People's World had been a licensed contractor for 30 years, often passing county audits, and "received numerous accolades" from the department.

"DCFS regularly drops the ball on training and oversight of its contractors. Then it abdicates its shortcomings to the district attorney's office for prosecution," Dove said. "DCFS should focus on getting its own house in order. Ultimately, the victims of this process may be the children in the foster care system."

"This spectacle is more about the continued dysfunction of Department of Children and Family Services than my clients' criminal culpability," Dove said.

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FEDERAL STUDY

Psych drugs misused on kids

Prescription failures
plague poor and foster
youths in five states

By Karen de Sa

San Jose Mercury News

When federal inspectors set out to examine how powerful anti-psychotic drugs were being used on children in the nation's public health systems, they found a 4-year-old on four psychiatric drugs, a 10-year-old prescribed without medical records, and a 16-year-old on six psych meds, including a prescription at double the maximum recommended dosage.

Poor children and foster kids covered by Medicaid are prescribed too many antipsychotic drugs, too young, for too long, and at the wrong dosages, according to an alarming new five-state review by the U.S. Department of Health and Human Services.

The department's Office of the Inspector General report included California children in its in-depth look at hundreds of medical files and found "quality-of-care concerns" in two-thirds of cases. More than half the children nationwide were poorly monitored, even though the drugs can cause obesity, diabetes and irreversible tremors; more than 40 percent received

DRUGS » PAGE 7

Drugs

FROM PAGE 1

the "wrong treatment," and more than one-third simply got "too many drugs," the report states.

The inspector general's report — based on Medicaid cases from 2011 in California, Texas, Illinois, Florida and New York — echoed the findings in this news organization's ongoing series, "Drugging Our Kids." The organization examined a decade of pharmacy claims for psychiatric drugs prescribed to children in California's foster care system and found the majority were used to treat difficult behaviors resulting from trauma, not to treat the rare mental disorders such as schizophrenia that the drugs are approved for.

In contrast, the national study included some foster children, but mostly kids living with parents who qualify for public health benefits. It examined a relatively small sample of cases in intense detail, allowing it to draw conclusions about doctors' practices but not to assess broad patterns and percentages, as the newspaper's study did.

"It really is a roll of the dice in terms of what we are doing to these kids," said Chicago psychologist and researcher Robert Foltz, echoing other national experts who reviewed the findings released this week. "The antipsychotics are specifically designed to alter the way we think, feel and behave, and they do that through manipulating the chemicals that are occurring in the brain," with unknown long-term effects, he added. "We are messing with things we don't fully understand."

The extensive use of antipsychotics for behavior management without adequate monitoring is alarming, said Stephen Crystal, a Rutgers University research professor and author of a widely used 16-state study on the use of psychotropics in poor children. The new five-state study, he said, is a loud cry for better oversight.

"The monitoring is not there," Crystal said. "Somebody writes a prescription, and then they don't see the kid with sufficient frequency

Study raises concerns over quality of care

A study found that for 67 percent of the children whose medical records were reviewed, at least one quality-of-care concern was related to the prescription of antipsychotic drugs. And almost half of the children's medical records indicated multiple quality-of-care concerns related to those drugs.

Poor monitoring	53%
Wrong treatment	41
Too many drugs	37
Taken too long	34
Wrong dosage	23
Too young	17
Side effects	7

Source: Office of Inspector General analysis of five states' Medicaid claims, 2014
BAY AREA NEWS GROUP

to see how they're responding to the medication. That's not good medical practice."

Crystal also noted the study's findings could have been even more concerning had its authors weighed each case on whether non-drug therapies were even attempted. "It's a lot easier to write a prescription than to make sure the kids — in a very timely way — get the services they need," he said. And few seem to be asking the question: "Is this particular medication making the kids' behavior worse rather than better?"

Indeed, child and adolescent psychiatrists who reviewed medical records for the inspector general found "a lack of monitoring for many physiological and behavioral changes" in 53 percent of cases. Of particular concern was the failure to perform basic lab tests and regularly monitor height, weight, vital signs, blood pressure and the abnormal, involuntary movements that can result from antipsychotic use.

Only 8 percent of claims examined met the federal standard of "medically accepted," with many of the drugs prescribed for treatments not approved by the Food and Drug Administration.

Psychiatrists reviewing the case files found numerous medical horrors, in-

cluding a 10-year-old child diagnosed with attention-deficit disorder who developed a pathological condition from the antipsychotic meds, with increasing dosages that "caused the patient to get worse, not better." The medical records of a 4-year-old foster child diagnosed with "a mood disorder" and attention-deficit revealed no evidence of any monitoring while four drugs, including two antipsychotics, were being administered — and no evidence that any nondrug treatment or therapies had been attempted. A 16-year-old gained 22 pounds on a total of six psychiatric drugs, couldn't sleep and suffered from swollen hands and feet. Medical reviewers noted that "when all the medications were discontinued," there were no further reports of the patient hallucinating or becoming suicidal.

The inspector general focused the study on California and four other large states that represent 39 percent of total Medicaid payments for antipsychotics in 2011, using records for about 485 children. California refers to its Medicaid system as Medi-Cal. Medical files were particularly difficult to obtain in California, where the inspectors received the poorest response rate from health care officials.

The report's authors call on state and federal health care officials to better track the use of antipsychotics prescribed to children, to ensure there are clear rationales for prescribing and to properly monitor the drugs once prescribed, including adjusting dosages.

But to Bill Grimm, a senior attorney with the National Center for Youth Law who is working with California lawmakers to better protect foster youth from excessive use of psychiatric drugs, the report's recommendations are far too soft. There are currently no federal Medicaid requirements regarding the appropriate use of antipsychotics prescribed to children, and Grimm is disturbed that abuse of the drugs in nursing homes received far more urgent attention.

From: Antonovich, Michael <MAntonovich@lacbos.org>
Subject: FW: RELEASE: LOS ANGELES COUNTY TO FULLY IMPLEMENT LAURA'S LAW
Date: Tue, Apr 14, 2015 5:34 pm

From: Bell, Tony
Sent: Tuesday, April 14, 2015 5:22 PM
To: Antonovich, Michael
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April 14, 2015
For Immediate Release

LOS ANGELES COUNTY TO FULLY IMPLEMENT LAURA'S LAW

LOS ANGELES COUNTY – The Board of Supervisors approved residential and outpatient services for individuals participating in the Laura's Law mental health treatment program, announced Mayor Michael D. Antonovich.

"The services approved are critical to the full implementation of Laura's Law," Antonovich said. "The outpatient and residential services will improve the lives of hundreds of individuals and reduce the hardship on their families."

On November 18, 2014, the Board of Supervisors approved the full implementation of Laura's Law in Los Angeles County to address the needs of individuals with serious mental illness, many of whom are incapable of recognizing their illness and the need for treatment. A pilot program, previously operated by the County, demonstrated that mandated acceptance of treatment by individuals participating in this program allowed them to lead productive lives and also saved taxpayer dollars by reducing use of emergency rooms, incarcerations and hospitalizations.

Laura's Law

From Wikipedia, the free encyclopedia

Laura's Law is a California state law that allows for court-ordered assisted outpatient treatment. To qualify for the program, the person must have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings or acts, threats or attempts of serious violent behavior towards [self] or others. A complete functional outline of the legal procedures and safeguards within Laura's Law has been prepared by NAMI San Mateo.^[1]

The law was named after Laura Wilcox, a mental health worker who was killed by a man who had refused psychiatric treatment. Modeled on Kendra's Law, a similar statute enacted in New York, the bill was introduced as **Assembly Bill 1421** by Assemblywoman Helen Thomson, a Democrat from Davis. The measure passed the California Legislature in 2002 and was signed into law by Governor Gray Davis. The statute can only be utilized in counties that choose to enact outpatient commitment programs based on the measure. As of 2010, Nevada County has fully implemented the law and Los Angeles County has a pilot project. In 2010 the California State Association of Counties chose Nevada County to receive its Challenge Award for implementing Laura's Law.^[2] Subsequently in 2011, a National Association of Counties Achievement Award in Health was awarded to Nevada County for the Assisted Outpatient Treatment Program.

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Background

Laura Wilcox was a 19 year-old college sophomore who had been valedictorian of her high school before going on to study at prestigious Haverford College.^[3] While working at Nevada County's public mental

health clinic during her winter break from college. On January 10, 2001, she and two other people were shot to death by Scott Harlan Thorpe, a 41-year old man who resisted his family's attempt to force psychiatric treatment.^{[4][5]} Thorpe was found incompetent to stand trial and was sent to Atascadero State Hospital and was later transferred to California's Napa State Hospital. After the incident Laura's parents chose to advocate for forced treatment of individuals considered to have mental illness. Scott Harlan Thorpe tried on several occasions to get help from Nevada County Mental Health by going in-person and pleading with the staff to get psychiatric treatment. He was denied treatment on all occasions and told there was nothing the County could do, which was a severe contributing factor to the shooting.

Implementation at county discretion

The law is only operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, was reduced in order to implement the law.^[6]

In 2004, Los Angeles County implemented Laura's Law on a limited basis.^[7] Since the passage of the MHSA, Nevada County, Orange County, Yolo County, and San Francisco County have approved full implementation of Laura's Law.

In those counties that adopt outpatient commitment, an AB 1421 program will ensure individuals are provided the services and medical treatment (including medication) that will enable the person to have a good chance to recover. Nevada County Director Michael Heggarty best describes it as part of the recovery movement.^[8]

Proposition 63 impact

In November 2004, California voters passed Proposition 63. When the California Department of Mental Health (DMH) released its draft plan requirements for county mental health administrators on February 15, 2005, they contained a provision that would allow MHSA funds to be used for "involuntary services" if certain criteria were met. Nevada County's Laura's Law program and Los Angeles County's AOT pilot project are utilizing MHSA funding for services.

Assisted outpatient treatment eligibility criteria

As stated above, the patient must have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings or acts, threats or attempts of serious violent behavior towards self or others. The recipient must also have been offered an opportunity to voluntarily participate in a treatment plan by the local mental health department, yet fails to the point that, without a Laura's Law program, he or she will likely relapse or deteriorate to the point of being dangerous to self or others. "Participation in the assisted outpatient program is the least restrictive placement necessary to ensure the person's recovery and stability." While a specified group of individuals may request an investigation to determine if a person qualifies for a Laura's Law program, only the County mental health director, or his or her designee, may file a petition with the superior court for a hearing to determine if the person should be court ordered to receive the services specified under the law.

A person may be placed in an assisted outpatient treatment if, after a hearing, a court finds that the following

criteria^[9] have been met. The patient must:

- Be eighteen years of age or older
- Be suffering from a mental illness
- Be unlikely to survive safely in the community without supervision, based on a clinical determination
- Have a history of non-compliance with treatment that has either:
 1. Been a significant factor in his or her being in a hospital, prison or jail at least twice within the last thirty-six months; or
 2. Resulted in one or more acts, attempts or threats of serious violent behavior toward self or others within the last forty-eight months
- Have been offered an opportunity to voluntarily participate in a treatment plan by the local mental health department but continue to fail to engage in treatment
- Be substantially deteriorating
- Be, in view of his or her treatment history and current behavior, in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would likely result in the person meeting California's inpatient commitment standard, which is being:
 1. A serious risk of harm to himself or herself or others; or
 2. Gravely disabled (in immediate physical danger due to being unable to meet basic needs for food, clothing, or shelter);
- Be likely to benefit from assisted outpatient treatment; and
- Participation in the assisted outpatient program is the least restrictive placement necessary to ensure the person's recovery and stability.

If the court finds that the individual meets the statutory criteria, the recipient will be provided intensive community treatment services and supervision by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than 1 to 10, and additional services, as specified, for persons with the most persistent and severe mental illness. The law specifies various rights of the person who is the subject of a Laura's Law petition as well as due process hearing rights. The bill also provides for voluntary settlement agreements as an alternative to the hearing process.^[9]

Debate over bill's efficacy and propriety

Supporters

Passage of the bill was supported by organizations such as the California Treatment Advocacy Coalition (an affiliate of the Treatment Advocacy Center), the California Psychiatric Association, the Police Chiefs

Association, Mental Illness Policy Org. and the National Alliance on Mental Illness (NAMI). In an editorial endorsement of the law, the *Los Angeles Times* touted then-Governor Gray Davis's support, while limiting its comments on opponents to mentioning that the Citizens Commission on Human Rights which opposes virtually all psychiatric treatments, sponsored a rally at the Capitol against Laura's law.^[10] The San Francisco Chronicle^{[11][12][13][14][15][16]} and The San Francisco Examiner^[17] have published positive articles on the topic. The Los Angeles Times won a Pulitzer Prize, in part for its coverage of Laura's Law.^[18]

Opposition

MindFreedom International and the California Network of Mental Health Clients (CNMHC), along with allies in the psychiatric survivors movement, also fought the measure and its earlier versions, accusing such legislation as a regressive and reprehensible scheme to enforce coerced drug treatment regimens against the will of patients. The Church of Scientology and the Citizens Commission on Human Rights have also gained attention as an opponent of the new law.^{[19][20]}

Outpatient commitment opponents make several varied arguments. Some dispute the positive effects of compulsory treatment, questioning the methodology of studies that show effectiveness. Others highlight negative effects of treatment. Still others point to disparities in the way these laws are applied. The psychiatric survivors movement opposes compulsory treatment on the basis that the ordered drugs often have serious or unpleasant side-effects such as anhedonia, tardive dyskinesia, neuroleptic malignant syndrome, excessive weight gain leading to diabetes, addiction, sexual side effects, and increased risk of suicide.

Tom Burns, the psychiatrist who originally advised the United Kingdom's government on United Kingdom's Laws that are similar to Laura's Law, has also come to the conclusion they are ineffective and unnecessary. Professor Burns, once a strong supporter of the new powers, said he has been forced to change his mind after a study he conducted proved the orders "don't work".^[21]

John M. Grohol, Psy.D., in his article "The Double Standard of Forced Treatment", says "Forced treatment for people with mental illness has had a long and abusive history, both here in the United States and throughout the world. No other medical specialty has the rights psychiatry and psychology do to take away a person's freedom in order to help "treat" that person. Historically, the profession has suffered from abusing this right — so much so that reform laws in the 1970s and 1980s took the profession's right away from them to confine people against their will. Such forced treatment now requires a judge's signature. But over time, that judicial oversight — which is supposed to be the check in our checks-and-balance system — has largely become a rubber stamp to whatever the doctor thinks is best. The patient's voice once again threatens to become silenced, now under the guise of "assisted outpatient treatment" (just a modern, different term for forced treatment)."^[22]

The New Mexico Court of Appeals declared an Albuquerque ordinance, modeled after Kendra's Law, requiring treatment for some mentally ill people conflicts with state law and can't be enforced.^[23]

Studies

As a result of the opposition to Kendra's Law, similar in nature to Laura's Law, two studies were conducted on Kendra's Law and found favorable outcomes. One study of Assisted Outpatient Treatment within the

United States and another study done by a previous proponent of AOT type laws in the United Kingdom did not.

A 2005 study, Kendra's Law A Final Report on the Status of Assisted Outpatient Treatment done by New York State's Office of Mental Health, found:^[24]

Reduced Incidence of Harmful Behaviors Percent of Persons with One or More Events Reported in the Past 90 Days			
Percent of Assisted Outpatient Treatment (AOT) Recipients with Harmful Behaviors			
	At Onset of AOT Court Order	At Six Months	Percent Reduction in Harmful Behaviors
Physically Harm Self/Made Suicide Attempt	9%	4%	55%
Abuse Alcohol	45%	23%	49%
Abuse Drugs	44%	23%	48%
Threaten Suicide	15%	8%	47%
Physically Harm Others	15%	8%	47%
Damage or Destroy Property	13%	7%	46%
Threaten Physical Harm	28%	16%	43%
Create Public Disturbances	24%	15%	38%
Verbally Assault Others	33%	21%	36%
Theft	7%	5%	29%
Average Percent Reduction			44%

(Table taken directly from source and converted to Wikipedia Table Template)

A 2009 study, New York State Assisted Outpatient Treatment Evaluation done by Duke University, Policy Research Associates, University of Virginia, found:^[25]

Outcome events (past six months)	No current or recent AOT (n=134)		Current AOT (n=115)	
	N	%	N	%
Violent behavior	21	(15.7)	12	(10.4)
Suicidal thoughts or attempts	22	(16.4)	17	(14.8)
Homelessness	13	(9.7)	6	(5.2)
Involuntary commitment	54	(43.2)	46	(41.4)

Mental health pick-up/removal	25	(18.7)	16	(13.9)
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(Table taken directly from source and converted to Wikipedia Table Template)

The study, Compulsory community and involuntary outpatient treatment for people with severe mental disorders by Steve R Kisely, Leslie Anne Campbell, Neil J Preston published at The Cochrane Library found:^[26]

We identified two randomised clinical trials (total n = 416) of court-ordered 'Outpatient Commitment' (OPC) from the USA. We found little evidence that compulsory community treatment was effective in any of the main outcome indices: health service use (2 RCTs, n = 416, RR for readmission to hospital by 11-12 months 0.98 CI 0.79 to 1.2); social functioning (2 RCTs, n = 416, RR for arrested at least once by 11-12 months 0.97 CI 0.62 to 1.52); mental state; quality of life (2 RCTs, n = 416, RR for homelessness 0.67 CI 0.39 to 1.15) or satisfaction with care (2 RCTs, n = 416, RR for perceived coercion 1.36 CI 0.97 to 1.89). However, risk of victimisation may decrease with OPC (1 RCT, n = 264, RR 0.5 CI 0.31 to 0.8). In terms of numbers needed to treat (NNT), it would take 85 OPC orders to prevent one readmission, 27 to prevent one episode of homelessness and 238 to prevent one arrest. The NNT for the reduction of victimisation was lower at six (CI 6 to 6.5). A new search for trials in 2008 did not find any new trials that were relevant to this review.

The study, Community treatment orders for patients with psychosis (OCTET): a randomised controlled trial done by Professor Tom Burns DSc, Jorun Rugkåsa PhD, Andrew Molodynski MBChB, John Dawson LL.D, Ksenija Yeeles BSc, Maria Vazquez-Montes PhD, Merryn Voysey MBiostat, Julia Sinclair DPhil, and Professor Stefan Priebe FRCPsych found:^[27]

Of 442 patients assessed, 336 patients were randomly assigned to be discharged from hospital either on CTO (167 patients) or Section 17 leave (169 patients). One patient withdrew directly after randomisation and two were ineligible, giving a total sample of 333 patients (166 in the CTO group and 167 in the Section 17 group). At 12 months, despite the fact that the length of initial compulsory outpatient treatment differed significantly between the two groups (median 183 days CTO group vs 8 days Section 17 group, p<0.001) the number of patients readmitted did not differ between groups (59 [36%] of 166 patients in the CTO group vs 60 [36%] of 167 patients in the Section 17 group; adjusted relative risk 1.0 [95% CI 0.75—1.33]).

See also

- Kendra's Law, assisted outpatient treatment law in NY on which Laura's law is based
- 5150 (Involuntary psychiatric hold), California's law for psychiatric emergencies
- involuntary commitment, which is hospital-based

- Involuntary treatment, which is independent of setting
- anti-psychiatry, a movement that opposes any form of involuntary psychiatric treatment

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Opponent views

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Categories: California statutes | Mental health law in the United States | 2002 in law | 2002 in California

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8. Recommendation as submitted by Supervisors Solis and Ridley-Thomas: Designate April 29, 2015 as "Denim Day" throughout Los Angeles County, and urge everyone to wear jeans and attend Denim Day observances in their area to help communicate the message that there is "no excuse and never an invitation to rape." (15-1641)
9. Recommendation as submitted by Supervisor Solis: Waive the \$20 per vehicle parking fee for approximately 150 vehicles at the Music Center Garage, excluding liability insurance, for attendees of Cinco De Mayo Board reception and presentations, to be held May 5, 2015. (15-1642)
10. Recommendation as submitted by Supervisors Ridley-Thomas and Antonovich: Instruct the Auditor-Controller to conduct an audit of the Probation Department within 90 days with a particular focus on its budget, fiscal and personnel functions to ensure compliance with Board-approved policies and best practices, including a thorough review of:
 - a. Recruitment, examination, hiring and promotional practices to determine whether the Department is effectively recruiting, retaining and promoting the most qualified staff for its operating needs;
 - b. Current cost of operating the camps and halls including the cost per youth, annual maintenance costs and deferred building maintenance costs;
 - c. The Department's efficacy in administering Federal and State grants and programs, the benefit of the programs to its clients and evaluation of whether the Department should continue its participation in the programs;
 - d. The Department's Request for Proposal procedures and its process for examining satisfactory compliance with the statements of work for contracted community-based organizations and agencies; and
 - e. The Department's management and accounting of its budget including grants, trust funds and other assets. (15-1636)

11. Recommendation submitted by Supervisor Ridley-Thomas: Immediately send a five-signature letter to the State Assembly, Senate and Governor urging them to provide a \$33,100,000 increase in allocation for court appointed dependency counsel Statewide; and send a five-signature letter to the Judicial Council in support of the recommendations made by the Court Appointed Dependency Counsel Funding Allocation Work Group urging them to adopt and implement the recommendations. (15-1647)
12. Recommendation as submitted by Supervisor Ridley-Thomas: Instruct the Director of Children and Family Services to report back to the Board in writing in 30 days with the following:

Outlining the Net County Cost of operating both the Department of Children and Family Services' Compton East and West offices located at 921 E. Compton Blvd. and 11539 Hawthorne Blvd., respectively;

A feasibility study to determine the benefits and drawbacks of centralizing business support functions for Compton East and West offices, which would include co-located, multi-service resources and the fiscal requirements necessary to lease and/or build-to-suit County-owned space to accommodate for staffing and client support; and

Identifying office location alternatives, including benefits and drawbacks, determining whether the preferred service delivery area of the City of Compton offers maximum opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community and public safety services. (15-1640)

Children and Families' Well-Being

20. Recommendation: Approve a contract for Wraparound Approach Services and authorize the Directors of Children and Family Services, Mental Health and the Chief Probation Officer to execute contracts with 49 service providers, execute additional contracts with additional qualified providers and execute amendments, effective May 1, 2015 or the date of execution, whichever is later through April 30, 2016, with up to four one-year extension options through April 30, 2020, with an estimated annual cost for services during the first and subsequent years of \$106,460,534, financed using 36% Federal revenue, 33% State revenue and 31% in Net County Cost (NCC), with a total estimated cost of services for the term of the contract of \$532,302,670; authorize the Director of Children and Family Services to exercise the one-year extension options provided that sufficient funding is available and applicable State and Federal regulations are observed; authorize the Director of Mental Health to execute or amend Short Doyle Medi-Cal agreements for the provision of mental health services associated with the Wraparound program service providers, effective May 1, 2015 through June 30, 2016, with two automatic one-year renewals; and authorize the Director of Children and Family Services and the Chief Probation Officer to amend current Residentially Based Services (RBS) Community contracts to extend services, effective May 1, 2015 through June 30, 2016 and execute amendments, with the total estimated annual cost of the RBS amendments of \$1,958,112, and the estimated 14-month cost of the RBS amendments of \$2,284,464 and will be financed using 36% Federal funds, 33% State funds and 31% NCC. **(Departments of Children and Family Services, Mental Health and Probation) APPROVE** (Continued from the meeting of 4-7-15) (15-1458)
21. Recommendation: Approve an amendment to the Individualized Transition Skills Program contracts and authorize the Director of Children and Family Services and the Chief Probation Officer to execute an amendment with Children's Institute, Inc. and The Community College Foundation to facilitate the continuation of the Independent Living Program for Transition Age Youth under the supervision of the Department of Children and Family Services and Probation Department. **(Department of Children and Family Services and Probation Department) APPROVE** (15-1581)

42. Recommendation: Approve an appropriation adjustment transferring \$2,144,000 in funding from Provisional Financing Uses necessary to adjust the Sheriff's Department's Fiscal Year 2014-15 Final Adopted Budget to allow the Department to begin addressing necessary reforms within the County jail system regarding improvements to mental health services and suicide prevention in the County jails; and approve an interim ordinance authority, pursuant to County Code Section 6.06.020, for 77 new full-time permanent positions pending allocation by the Interim Chief Executive Officer, Classifications and Administration. **(Sheriff's Department) APPROVE (15-1568)**

Miscellaneous Communication

43. Request from the Hawthorne School District: Adopt a resolution authorizing the County to levy taxes in an amount sufficient to pay the principal of and interest on the District's General Obligation Refunding Bonds, Election of 2004, 2015 Series A and Election of 1997, 2015 Series B, in an aggregate principal amount not to exceed \$10,100,000; and instruct the Auditor-Controller to maintain on its 2015-16 tax roll, and all subsequent tax rolls, taxes in an amount sufficient to fulfill the requirements of the debt service schedule that will be provided to the Auditor-Controller following the sale of the Bonds. **ADOPT (15-1591)**

Ordinance for Adoption

44. Ordinance for adoption amending County Code, Title 2 - Administration, relating to the delegated authority of the Director of Public Works to enter into leases and licenses for the use of real property by the County. **ADOPT (15-1455)**